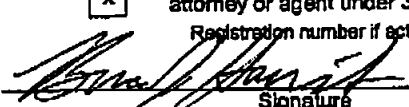


PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 22197-00008-US																									
Application Number 10/052,358-Conf. #3388		Filed January 23, 2002																									
For PIPE COUPLINGS																											
Art Unit 3679		Examiner A. M. Dunwoody																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$110.00</td> <td style="text-align: center;">\$55.00</td> <td style="text-align: center;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$430.00</td> <td style="text-align: center;">\$215.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$980.00</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1,530.00</td> <td style="text-align: center;">\$765.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2,080.00</td> <td style="text-align: center;">\$1,040.00</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>46,750</u></p> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: center;">November 29, 2004 _____ Date</p> <p style="text-align: center;">Brian J. Hairston _____ Typed or printed name</p> <p style="text-align: center;">(202) 331-7111 _____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004, Patent fees are subject to annual revision.</small>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/052,356-Conf. #3388
TOTAL AMOUNT OF PAYMENT (\$) 110.00		Filing Date	January 23, 2002
		First Named Inventor	Fatollah Youssefifar
		Examiner Name	A. M. Dunwoody
		Art Unit	3679
		Attorney Docket No.	22197-00009-US

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments <p>To the above-identified deposit account.</p> <input type="checkbox"/> Other (please identify): _____	2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 20 or HP = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 3 or HP = _____ HP = Highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> </table> </td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 20 or HP = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 3 or HP = _____ HP = Highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> </table>			Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP = _____ HP = highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP = _____ HP = Highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	Subtotal (2)		\$	0.00																																							
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,760
Name (Print/Type)	Brian J. Hairston	Telephone	(202) 331-7111
		Date	November 29, 2004